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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *JPO*  
 This appln claims benefit of 60/301,877 06/29/2001

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *JPO*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Francesca Orsini</i> <i>JPO</i> (initials)	STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 77	INDEPENDENT CLAIMS 5
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TITLE  
 Methods for improving damaged retinal cell function

FILING FEE  RECEIVED 1199	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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